

School Asthma Plan

To be completed by Physician or Nurse Practitioner

Name: _____ Date: _____

School: _____ Age: _____

Instructions to School

1. If coughing or wheezing, give:

☐ Albuterol 2-4 puffs with/without spacer and notify parent/guardian

☐ Albuterol 1 treatment via nebulizer and notify parent/guardian

2. Pre-Medication, give:

☐ Albuterol 2-4 puffs with/without spacer 15-30 minutes prior to exercise

☐ Albuterol 1 treatment via nebulizer 15-30 minutes prior to exercise

3. ☐ Recommend that student be allowed to carry and self-administer all asthma medications

4. ☐ Recommend that school nurse/personnel administer asthma medications and notify parents

5. ☐ Other instructions: _____

Parent Signature: _____

Physician Signature: _____